

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14965

State File No.

Registrar's No.

FILED APR 28 1944

Registration District No. 163

Primary Registration District No. 5596

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Rural
(c) Name of hospital or institution: (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. yrs (Specify whether years, months or days)

3. (a) FULL NAME William A. Cole

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. Josephine Cole 6. (c) Age of husband or wife if alive. V years

7. Birth date of deceased. Dec 17 1855 (Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 5 If less than one day hr. min.

9. Birthplace. Valles Mines (City, town, or county) mo (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

12. Name. John A. Cole

13. Birthplace. Washington Co. (City, town, or county) mo (State or foreign country)

14. Maiden name. Sarah Ann Walker

15. Birthplace. Washington Co. (City, town, or county) mo (State or foreign country)

16. (a) Informant. Irene Harper

(b) Address. R. Sato mo RR 2

17. (a) Burial (b) Date thereof 3-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation. Woodlawn Cemetery

18. (a) Signature of funeral director. Jink Funeral Parlor

(b) Address. Festus mo

19. (a) 3-24-44 (b) Fern Spencer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town. Rural (If outside city or town limits, write "RURAL" and name of township)

(d) Street No. De Soto R. D. # 2 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1944 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 6 1943, to Mar 21 1944

that I last saw him alive on Mar 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic nephritis (chronic) Duration yrs

Due to Chronic nephritis

Due to Arteriosclerosis

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 131

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature J. P. Phelps (M. D. or other) P.O.

Address. De Soto, Mo Date signed 3-24-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-27-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.